

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 / 585872

FILING DATE

APPLICANT(S)

## CLAIMS

Pre-Amend.	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		3				54						
5	1		3				55						
6	1		(1)				56						
7	1		(1)				57						
8	1		(1)				58						
9	1		(1)				59						
10	1		(1)				60						
11	1		(1)				61						
12	1		(1)				62						
13	1		(1)				63						
14	1		(1)				64						
15	1		(1)				65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5				1								
TOTAL DEP.	15				15								
TOTAL CLAIMS	20				15								